

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. / 10/667167 / FILING DATE

APPLICANT(S)

3/14/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	2					
TOTAL CLAIMS	5					

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

BEST AVAILABLE COPY